U.S. Department of Energy SEET Program Application

Subsidy for Energy Employee Transit (SEET) Program

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NAME:		,			
VAIVIE.	(Last)	(First)	(MI)	(SSN)	
HOME					
ADDRESS	(Street Number)				
	(0:1)	(64-4-)	(7:	0-4-)	
	(City)	(State)	(ZIP	Code)	
WORK					
ADDRESS	(Org Title)	(Routir	ng Code/Symbol)	(Phone)	
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Privacy Act Notice: This information is solicited under the authority of Section 629, Public Law 101-509. Collection of your Social Security Number (SSN) is authorized by Executive Order 9397, and is for identification purposes only. Furnishing your SSN and any of the other information requested on this form is voluntary, but failure to do so may result in disapproval of your request for a public transit fare benefit. The purpose of this information is to facilitate timely processing of your request, to ensure your eligibility, to prevent misuse of the funds involved, and may be disclosed to the General Accounting Office and representatives of ride-sharing programs such as the Council of Governments. This information may be matched with lists at this and other Federal agencies to ensure that you are not listed as a car pool participant, or the holder of a Federal worksite parking permit at any of these agencies. This information may be further disseminated to individuals seeking to join vanpools or carpools.



Supplemental SEET Information

TRANSII COSIS NAME [PRINT]	TELEFHONE
. How do you commute to work?	
METRO rail	
METRO bus	
Other bus (company name)	
Van pool (company/driver name, #)	<u> </u>
Other (specify)	·
2. What stations or routes do you use?	
METRO rail M ous	ETRO
Van poolO	ther
3. If you use METRO rail and/or METRO bus, ho	w much does each ONE WAY trip cost?
METRO rail METRO bus	
4. If you use Van pool or other transportation, how	much is the monthly cost?
Van pool	
Other (specify) Please be advi	sed that these costs will be verified